

Attachment A: Application Cover Page

MHCC 17-004

Applicant Organization

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Federal Tax ID Number: _____

Official Authorized to Execute Contracts

Name: _____ Title: _____

Email: _____ Phone: _____

*Electronic Signature: _____ Date: _____

**By entering your initials in the electronic signature field, you agree your electronic signature is the legal equivalent to a manual signature on this proposal.*

Project Director (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Technical Manager (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Clinical Consultant (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Grant Request

Project Title: _____

Amount Requested: \$ _____ Match Contribution: \$ _____